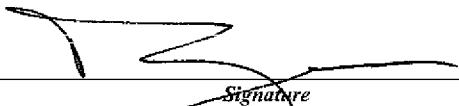


| | | | | | | | | | | | | | |
|---|--|------------------------------------|--|-------------------------------|---------------------------------|---|--|-----------------|--|---|--|---|--|
| AMENDMENT TRANSMITTAL LETTER (Large Entity) | | | | Docket No. 17049 | | | | | | | | | |
| Applicant(s): Akihiko Mochida, et al. | | | | | | | | | | | | | |
| Application No. 10/670,114 | Filing Date September 24, 2003 | Examiner David J. Czekaj | Customer No. 23389 | Group Art Unit 2621 | Confirmation No. 7178 | | | | | | | | |
| Invention: IMAGE PICKUP SYSTEM | | | | | | | | | | | | | |
| COMMISSIONER FOR PATENTS: | | | | | | | | | | | | | |
| Transmitted herewith is an amendment in the above-identified application. | | | | | | | | | | | | | |
| The fee has been calculated and is transmitted as shown below. | | | | | | | | | | | | | |
| CLAIMS AS AMENDED | | | | | | | | | | | | | |
| | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST # PREV. PAID FOR | NUMBER EXTRA CLAIMS PRESENT | RATE | ADDITIONAL FEE | | | | | | | | |
| TOTAL CLAIMS | 6 - | 20 = | 0 | x \$50.00 | \$0.00 | | | | | | | | |
| INDEP. CLAIMS | 2 - | 3 = | 0 | x \$210.00 | \$0.00 | | | | | | | | |
| Multiple Dependent Claims (check if applicable) <input type="checkbox"/> | | | | | \$0.00 | | | | | | | | |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT | | | | | \$0.00 | | | | | | | | |
| <input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 19-1013/SSMP <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038. | | | | | | | | | | | | | |
| WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. | | | | | | | | | | | | | |
|  _____ <i>Signature</i> | | | Dated: September 22, 2008 | | | | | | | | | | |
| Thomas Spinelli Registration No.: 39,533 Scully, Scott, Murphy & Presser, P.C. 400 Garden City Plaza, Suite 300 Garden City, New York 11530 (516) 742-4343 | | | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____.</td> </tr> <tr> <td style="width: 50%; text-align: center;">_____ (Date)</td> <td style="width: 50%;"></td> </tr> <tr> <td colspan="2" style="text-align: center;">_____ Signature of Person Mailing Correspondence</td> </tr> <tr> <td colspan="2" style="text-align: center;">_____ Typed or Printed Name of Person Mailing Correspondence</td> </tr> </table> | | | I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____. | | _____ (Date) | | _____ Signature of Person Mailing Correspondence | | _____ Typed or Printed Name of Person Mailing Correspondence | |
| I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____. | | | | | | | | | | | | | |
| _____ (Date) | | | | | | | | | | | | | |
| _____ Signature of Person Mailing Correspondence | | | | | | | | | | | | | |
| _____ Typed or Printed Name of Person Mailing Correspondence | | | | | | | | | | | | | |
| CC: | | | | | | | | | | | | | |